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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF NORTH CAROLINA | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Part 1: Identify Yourself | | | | | | | |
|-----|--|--|--|---|--|--|--|--|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
| 1. | Your full name | | | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Lee First name Andrew Middle name Peindl Last name and Suffix (Sr., Jr., II, III) | | Samantha First name Ann Middle name Peindl Last name and Suffix (Sr., Jr., II, III) | | | | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8024 | | xxx-xx-3979 | | | | |

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Debtor 1 Lee Andrew Peindl
Debtor 2 Samantha Ann Peindl

Case number (if known)

| | bout Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|---|--|---|--|--|--|
| Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs. usiness name(s) | ■ I have not used any business name or EINs. Business name(s) EINs | | | |
| . Where you live | 254 Legare Coourt | If Debtor 2 lives at a different address: | | | |
| | charlotte, NC 28210 lumber, Street, City, State & ZIP Code lecklenburg | Number, Street, City, State & ZIP Code | | | |
| | your mailing address is different from the one bove, fill it in here. Note that the court will send any otices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | umber, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| . Why you are choosing this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| . Why you are choosing this district to file for | 254 Legare Coourt Charlotte, NC 28210 Jumber, Street, City, State & ZIP Code Jecklenburg Jounty your mailing address is different from the one bove, fill it in here. Note that the court will send any otices to you at this mailing address. Jumber, P.O. Box, Street, City, State & ZIP Code Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from your in here. Note that the court will send any notices to the mailing address. Number, P.O. Box, Street, City, State & ZIP Code Check one: Over the last 180 days before filing this petition, have lived in this district longer than in any othe district. I have another reason. | | | |

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Debtor 1 Lee Andrew Peindl Debtor 2 Samantha Ann Peindl Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? □ Yes.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

No. Go to line 12.

this bankruptcy petition.

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Debtor 1 Lee Andrew Peindl

| Debtor 2 Samantha Ann Peindl | | | | | Case number (if known) | | | |
|--|--|----------|------------------|---|---|--|--|--|
| | | | | | | | | |
| Par | Report About Any Bu | sinesses | You Own | as a Sole Proprie | tor | | | |
| 12. | Are you a sole proprietor | | | | | | | |
| 12. | of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | |
| | | ☐ Yes. | Name | and location of bus | siness | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Sta | te & ZIP Code | | | |
| | it to this petition. | | Check | the appropriate bo | ox to describe your business: | | | |
| | | | | Health Care Busi | ness (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Rea | Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | | Stockbroker (as o | defined in 11 U.S.C. § 101(53A)) | | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the abov | e | | | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, in 11 U.S.C. 1116(1)(B). | | | | a small business debtor, you must attach your most recent balance sheet, statement of | | | | |
| | For a definition of small | ■ No. | I am n | I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | |
| | | ☐ Yes. | I am fi | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Part | t 4: Report if You Own or | Have Any | / Hazardo | us Property or An | y Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | | |
| | property that poses or is alleged to pose a threat | _ | | | | | | |
| | of imminent and | ☐ Yes. | What is t | he hazard? | | | | |
| | identifiable hazard to | | | | | | | |
| | public health or safety? Or do you own any | | | | | | | |
| | property that needs immediate attention? | | | iate attention is why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | | | |
| | | | | | Number, Street, City, State & Zip Code | | | |

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Debtor 1 Lee Andrew Peindl
Debtor 2 Samantha Ann Peindl Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

] Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-30820 Doc 1 Filed 05/29/18 Entered 05/29/18 16:23:13 Desc Main Document Page 6 of 65

| | tor 1 tor 2 | Lee Andrew Peinc Samantha Ann Pe | | Boodinent | r age o o | Case nu | ımber (if known) | | | |
|---|---|--|--------------------|--|---|------------------------------|--------------------------------|---|--|--|
| Part | t 6: | Answer These Questi | ons for R | eporting Purposes | | | _ | | | |
| | What kind of debts do you have? | | 16a. | Are your debts primarily consu individual primarily for a personal, | | | defined in 11 U.S.C. | . § 101(8) as "incurred by an | | |
| | | | | ☐ No. Go to line 16b. | | | | | | |
| | | | | Yes. Go to line 17. | | | | | | |
| | | | 16b. | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | | ☐ No. Go to line 16c. | | | | | | |
| | | | | ☐ Yes. Go to line 17. | | | | | | |
| | | | 16c. | State the type of debts you owe th | hat are not consun | mer debts or bus | siness debts | | | |
| 17. | | ou filing under oter 7? | □ No. | I am not filing under Chapter 7. G | to to line 18. | | | | | |
| | after | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Do yo are paid that funds will be availab | | | | and administrative expenses | | |
| | | nistrative expenses aid that funds will | | ■ No | | | | | | |
| | be available for distribution to unsecured creditors? | | Yes | | | | | | | |
| 18. | | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | □ 25,001 | -50,000 | | |
| | you o | estimate that you | □ 50-99 | | ☐ 5001-10,000 | | ☐ 50,001 | | | |
| | | | ☐ 100-1 ☐ 200-9 | | ☐ 10,001-25,000 ☐ More than100,000 | | | | | |
| 19. | | much do you nate your assets to | □ \$0 - \$ | • | □ \$1,000,001 - | | | 00,001 - \$1 billion | | |
| | | orth? | | 01 - \$100,000 001 - \$500,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | | | ,000,001 - \$10 billion 0,000,001 - \$50 billion | | |
| | | | . , | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 □ \$100,000,00 | | | han \$50 billion | | |
| 20. | | much do you nate your liabilities | \$0 - \$ | | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | | | 00,001 - \$1 billion | | |
| | to be | | | 001 - \$100,000 001 - \$500,000 | | | | 0,000,001 - \$10 billion 00,000,001 - \$50 billion | | |
| | | | | 001 - \$1 million | □ \$100,000,00 | 11 - \$500 million | | than \$50 billion | | |
| Part | t 7: | Sign Below | | | | | | | | |
| For | you | | I have ex | have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | |
| | | | | chosen to file under Chapter 7, I an tates Code. I understand the relief | | | | | | |
| If no attorney represents me and I did not pay or agree to pay someone whe document, I have obtained and read the notice required by 11 U.S.C. § 34.2 | | | | | | | help me fill out this | | | |
| | | | I request | relief in accordance with the chapt | er of title 11, Unite | ed States Code, | specified in this peti- | tion. | | |
| I understand making a false statement, concealing property, or obbankruptcy case can result in fines up to \$250,000, or imprisonment and 3571. | | | | | | | | | | |
| | | | /s/ Lee | Andrew Peindl | | | a Ann Peindl | | | |
| | | | | drew Peindl e of Debtor 1 | | Samantha A Signature of D | | | | |
| | | | Executed | d on May 29, 2018 MM / DD / YYYY | | Executed on | May 29, 2018 MM / DD / YYYY | | | |

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| Lee Andrew Peindl Samantha Ann Peindl | Case number (if known) | |
|---------------------------------------|------------------------|--|
| | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Richard | M. Mitchell | Date | May 29, 2018 |
|------------------|------------------------|---------------|-----------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Richard M. | Mitchell | | |
| Printed name | | | |
| Richard M. | Mitchell | | |
| Firm name | | | |
| 4600 Park I | Road | | |
| Suite 420 | | | |
| Charlotte, I | NC 28209 | | |
| | City, State & ZIP Code | | |
| Contact phone | 704-333-0630 | Email address | cmartin@rickmitchelllaw.com |
| NC 3034 N | C | | |
| Bar number & Sta | ate | | |

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| | | 170(.1111) | EIII PAUE O ULUD | | |
|---|-------------------------|------------------|-------------------|--|--|
| Fill in this inform | mation to identify your | case: | | | |
| Debtor 1 | Lee Andrew Pein | dl | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 Samantha Ann Peindl | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT | OF NORTH CAROLINA | | |
| Case number _ | | | | | |
| (if known) | | | | | |
| | | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | assets of what you own |
|-----|--|------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 185,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 63,416.96 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 248,416.96 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 167,454.92 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 10,430.55 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 56,843.14 |
| | Your total liabilities | \$ | 234,728.61 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,126.16 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 6,666.84 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| | ■ Yes What kind of debt do you have? | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Lee Andrew Peindl Document Page 9 of 65

Debtor 2 Samantha Ann Peindl Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Bout 4 on Cohodula E/E compthe followings | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 10,430.55 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 10,430.55 |

| | Ca | ase 18-30820 | Doc 1 | Filed 05/29/18 Document | Entered 05/29/18 | 3 16:23:13 | Des | с М | ain | |
|---------------------|---|---|---|--|---|---------------------------|--|--------|-----------------------------|--|
| Fill | in this infor | nation to identify | your case and th | is filing: | | | | | | |
| Deh | otor 1 | Lee Andrew | Paindl | | | | | | | |
| Der | 0.01 1 | First Name | | Name | Last Name | | | | | |
| Deb | otor 2 | Samantha A | nn Peindl | | | | | | | |
| (Spo | use, if filing) | First Name | | Name | Last Name | | | | | |
| l Init | tad States Ba | nkruptov Court for | the: WESTERN | DISTRICT OF NORT | TH CAROLINA | | | | | |
| Oilli | ieu Siales Da | inkruptcy Court for | ule. WEOTERN | DIOTRIOT OF NOR | TH OAROLINA | | | | | |
| Cas | se number | | | | _ | | | □ c | heck if this is an | |
| | | | | | | | | а | mended filing | |
| | | | | | | | | | | |
| Դք∙ | ficial Fo | rm 106A/E | 2 | | | | | | | |
| _ | | | _ | | | | | | | |
| 50 | chedul | e A/B: Pı | operty | | | | | | 12/15 | |
| hink nfor nsv | t it fits best. E mation. If mor wer every ques | e as complete and a e space is needed, a stion. | accurate as possibl attach a separate sh | e. If two married people neet to this form. On th | an asset fits in more than one of e are filing together, both are e e top of any additional pages, vn or Have an Interest In | qually responsib | le for sup | plying | correct | |
| | | | | | | | | | | |
| . Do | o you own or l | nave any legal or eq | uitable interest in a | ny residence, building | , land, or similar property? | | | | | |
| | No. Go to Par | t 2. | | | | | | | | |
| | Voc. Whore i | s the property? | | | | | | | | |
| | - 103. WHOLE | o the property: | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1.1 | 92E4 L om | wa Causs | | What is the property | y? Check all that apply | | | | | |
| | 8254 Lega | if available, or other des | orintion | Single-family | home | Do not deduct se | | | | |
| | Street address, | ii avaliable, or other des | cription | ■ Duplex or mul | lti-unit building | | e amount of any secured claims on Schedule D reditors Who Have Claims Secured by Property | | | |
| | | | | Condominium | or cooperative | | | | | |
| | | | | | or mobile home | | | | | |
| | Charlotte | NC | 28210-0000 | ☐ Land | | Current value of | | | ent value of the | |
| | | State | ZIP Code | = | on orth | entire property? \$185,00 | | portic | on you own? \$185.000.00 | |
| | City | State | ZIP Code | ☐ Investment pr☐ Timeshare | operty | \$105,00 | 0.00 | | \$105,000.00 | |
| | | | | Other | | Describe the nat | | | | |
| | | | | | t in the property? Check one | a life estate), if k | | ncy by | the entireties, or | |
| | | | | Debtor 1 only | till the property? Check one | Entireties | | | | |
| | Mecklenb | ura | | Debtor 2 only | | | | | | |
| | County | u. 3 | | | | | | | | |
| | County | | | Debtor 1 and | • | ☐ Check if this | | nunity | property | |
| | | | | | f the debtors and another | (see instruction | 18) | | | |
| | | | | Other information y property identificati | ou wish to add about this item | , such as local | | | | |
| | | | | | on number. | | | | | |
| | | | | Residence | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here.......>>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$185,000.00

Case 18-30820 Doc 1 Filed 05/29/18 Entered 05/29/18 16:23:13 Desc Main Document Page 11 of 65 Debtor 1 Lee Andrew Peindl Debtor 2 Samantha Ann Peindl Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Volkswagen 3 1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Jetta, TDI Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2009 ■ Debtor 2 only Year: Current value of the Current value of the Approximate mileage: 100122 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$6,995.00 \$6,995.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put **BMW** 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: 335i Debtor 1 only Model: Creditors Who Have Claims Secured by Property. 2015 Year: Debtor 2 only Current value of the Current value of the 21000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another Lease vehicle \$28,567.00 \$28,567.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$35,562.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Yes. Describe.....

Washer, dryer, refrigerator, 2 couches, kitchen table and 3 chairs, 2 bedroom suites, 2 dresser, 2 bookshelves, dishes, small appliances, pots and pans, linens, patio furniture (chairs, umbrella, table)

\$3,000.00

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

□ No

Yes. Describe.....

page 2

Case 18-30820 Doc 1 Filed 05/29/18 Entered 05/29/18 16:23:13 Desc Main Page 12 of 65 Document Lee Andrew Peindl Debtor 1 Debtor 2 Samantha Ann Peindl Case number (if known) 2 Mobile phones, 2 flat screen TV's, laptop, desktop computer, laser jet printer, inkjet printer, HP 4250n Laser Jet Printer and HP 9800 \$850.00 Deskjet 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No Yes. Describe..... \$150.00 Toddler bicycle, 2 bicycles 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$1,000.00 Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$1,000.00 Wedding rings, engagement ring and misc. costume jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

□ No

Yes. Give specific information.....

Storage unit - Mattress; box spring; furniture; books; bookshelf; bicycle; couch; lamps; files; random household items such as pillows, law school books, CDs

\$1,100.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$7.100.00

Part 4: Describe Your Financial Assets

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| Debtor 1 Debtor 2 | Lee Andrew Peind Samantha Ann Pei | | Case number (if known) | |
|-----------------------|---|----------------------------|---|--|
| | | | Do not d | you own? educt secured exemptions. |
| ☐ No | | | ome, in a safe deposit box, and on hand when you file your petition | |
| | | | Cash | \$100.00 |
| | , | | ounts; certificates of deposit; shares in credit unions, brokerage houses, and ot s with the same institution, list each. | her similar |
| _ | S | | Institution name: | |
| | 17.1 | Checking | Truliant Federal Credit Union1454 | \$0.00 |
| | 17.2 | . Checking | Bank of America7549 | \$44.20 |
| | 17.3 | . Checking | Truliant Federal Credit Union3984 | \$1.01 |
| | 17.4 | . Savings | Bank of America7552 | \$25.58 |
| Exar ■ No □ Yes | S | nent accounts with br | | |
| | publicly traded stock and venture | d interests in incorp | orated and unincorporated businesses, including an interest in an LLC, p | artnership, and |
| | s. Give specific informatio N | n about themame of entity: | % of ownership: | |
| Nego | otiable instruments include | personal checks, cas | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| ☐ Yes | s. Give specific information Is | n about them suer name: | | |
| | ement or pension accounples: Interests in IRA, ER | | 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| ■ Yes | s. List each account separ Type | ately. e of account: | Institution name: | |
| | 401 | (k) | Moore & Van Allen Newport Group | \$19,265.34 |
| Your Exar | | sits you have made so | o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or others | |
| ■ No □ Yes | S | | Institution name or individual: | |
| | orm 106A/B | | Schedule A/B: Property | page 4 |

| | | Case 18 | 3-30820 | Doc 1 | Filed 05/29/18 Document | Entered 05/29/18 16:23:13 Page 14 of 65 | Desc Main |
|-----|--------------------------|--|---------------------------------|---------------------------------|--|--|--|
| | ebtor 1 ebtor 2 | Lee Andre Samantha | w Peindl Ann Peind | 1 | | Case number (if known) | |
| | Annuiti ■ No □ Yes | · | for a periodic | | | life or for a number of years) | |
| | | s in an educa C. §§ 530(b)(1 | | | n a qualified ABLE pro | gram, or under a qualified state tuition pro | ogram. |
| | Yes | | Institution na | me and desc | ription. Separately file th | ne records of any interests.11 U.S.C. § 521(c): | |
| | | - | Virginia 52 | 9 College S | Savings Plan | | \$1,318.83 |
| | ■ No | equitable or Give specific | | | rty (other than anythin | g listed in line 1), and rights or powers exe | ercisable for your benefit |
| | Examp ■ No | les: Internet d | omain names | , websites, p | ts, and other intellecturoceeds from royalties a | al property nd licensing agreements | |
| 27. | License Examp ■ No | Give specific in the search of | s, and other queries, exclusion | general intar sive licenses, | | n holdings, liquor licenses, professional licens | es |
| Mo | oney or p | oroperty owe | d to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | unds owed to | | out them, inc | cluding whether you alrea | ady filed the returns and the tax years | |
| | ■ No | | • | | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| | Examp ■ No | | ages, disabilit unpaid loans | y insurance p | payments, disability bend someone else | efits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| 31. | | ts in insurand les: Health, di | | insurance; h | nealth savings account (I | HSA); credit, homeowner's, or renter's insurar | nce |
| | ■ No □ Yes. N | Name the insu | | ny of each po pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| | If you a someon | | iary of a living | | someone who has die t proceeds from a life in | d surance policy, or are currently entitled to reco | eive property because |

Entered 05/29/18 16:23:13 Case 18-30820 Doc 1 Filed 05/29/18 Desc Main Page 15 of 65 Document Lee Andrew Peindl Debtor 1 Debtor 2 Samantha Ann Peindl Case number (if known) 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Nο ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$20.754.96 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$185,000.00 56. Part 2: Total vehicles, line 5 \$35,562.00 57. Part 3: Total personal and household items, line 15 \$7,100.00 58. Part 4: Total financial assets, line 36 \$20,754.96 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00

Official Form 106A/B Schedule A/B: Property page 6

\$0.00

Copy personal property total

\$63,416.96

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$63,416.96

\$248,416.96

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| | | 17(7,1111) | | |
|---------------------|--------------------------|--------------------|-------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Lee Andrew Pein | dl | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Samantha Ann Po | eindl | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | OF NORTH CAROLINA | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Id | entify the | Property | / You C | Claim as | Exemp | ١t |
|------------|------------|----------|---------|----------|-------|----|
|------------|------------|----------|---------|----------|-------|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 8254 Legare Court Charlotte, NC 28210 Mecklenburg County | \$185,000.00 | | \$59,307.34 | N.C. Gen. Stat. § 1C-1601(a)(1) |
| Residence Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2009 Volkswagen Jetta, TDI 100122 miles | \$6,995.00 | | \$3,500.00 | N.C. Gen. Stat. § 1C-1601(a)(3) |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2009 Volkswagen Jetta, TDI 100122 miles | \$6,995.00 | | \$3,495.00 | N.C. Gen. Stat. § 1C-1601(a)(2) |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Washer, dryer, refrigerator, 2 couches, kitchen table and 3 chairs, | \$3,000.00 | | \$3,000.00 | N.C. Gen. Stat. § 1C-1601(a)(4) |
| 2 bedroom suites, 2 dresser, 2 bookshelves, dishes, small appliances, pots and pans, linens, patio furniture (chairs, umbrella, table) | | | 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: 6.1 | | | | |

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Debtor 1 Lee Andrew Peindl
Debtor 2 Samantha Ann Peindl

Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 2 Mobile phones, 2 flat screen TV's, N.C. Gen. Stat. § 1C-1601(a)(4) \$850.00 \$850.00 laptop, desktop computer, laser jet П printer, inkjet printer, HP 4250n 100% of fair market value, up to Laser Jet Printer and HP 9800 any applicable statutory limit Deskjet Line from Schedule A/B: 7.1 Toddler bicycle, 2 bicycles N.C. Gen. Stat. § 1C-1601(a)(4) \$150.00 \$150.00 Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit Clothing N.C. Gen. Stat. § 1C-1601(a)(4) \$1,000.00 \$1,000.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Wedding rings, engagement ring and N.C. Gen. Stat. § 1C-1601(a)(1) \$1,000.00 \$1,000.00 misc. costume jewelry Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Storage unit - Mattress; box spring; N.C. Gen. Stat. § 1C-1601(a)(2) \$1,100.00 \$1,100.00 furniture; books; bookshelf; bicycle; couch; lamps; files; random 100% of fair market value, up to household items such as pillows, law any applicable statutory limit school books. CDs Line from Schedule A/B: 14.1 Cash N.C. Gen. Stat. § 1C-1601(a)(3) \$100.00 \$100.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking: Bank of America ...7549 N.C. Gen. Stat. § 1-362 \$44.20 \$44.20 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Checking: Truliant Federal Credit N.C. Gen. Stat. § 1-362 \$1.01 Union ...3984 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit Savings: Bank of America ...7552 N.C. Gen. Stat. § 1-362 \$25.58 \$25.58 Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit 401(k): Moore & Van Allen Newport N.C. Gen. Stat. § 1C-1601(a)(9) \$19,265.34 \$19,265.34 Group Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Virginia 529 College Savings Plan N.C. Gen. Stat. § \$1,318.83 \$1,318.83 1C-1601(a)(10) Line from Schedule A/B: 24.1 П 100% of fair market value, up to any applicable statutory limit

Debtor 1
Debtor 2
Lee Andrew Peindl
Samantha Ann Peindl

Case number (if known)

3. Are you claiming a homestead exemption of more than \$160,375?
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

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Desc Main

Filed 05/29/18

Doc 1

Case 18-30820

Yes

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| | Document | Page 19 (| of 65 | | |
|---|---|-------------------|--|--|-------------------|
| Fill in this information to identify ye | our case: | | | | |
| Debtor 1 Lee Andrew P | | | | | |
| First Name | Middle Name | Last Name | | | |
| Debtor 2 Samantha Ani | | | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for th | ne: WESTERN DISTRICT OF NOR | TH CAROLINA | 1 | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | ameno | led filing |
| Official Forms 400D | | | | | |
| Official Form 106D | | | | | |
| Schedule D: Creditor | 's Who Have Claims 🤄 | Secured | by Property | У | 12/15 |
| | e. If two married people are filing togethe it out, number the entries, and attach it t | | | | |
| 1. Do any creditors have claims secured | by your property? | | | | |
| ☐ No. Check this box and submi | t this form to the court with your other | schedules. You | ı have nothing else t | o report on this form. | |
| Yes. Fill in all of the informatio | • | | J | · | |
| | in below. | | | | |
| Part 1: List All Secured Claims | | | Column A | Column B | Column C |
| for each claim. If more than one creditor h | is more than one secured claim, list the creditals a particular claim, list the other creditors etical order according to the creditor's name | s in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 BMW Financial Services | Describe the property that secures t | he claim: | \$41,762.26 | \$28,567.00 | \$13,195.26 |
| Creditor's Name | 2015 BMW 335i 21000 miles | | <u> </u> | | |
| | Lease vehicle | | | | |
| | As of the date you file, the claim is: | Check all that | | | |
| PO Box 3608 | apply. | | | | |
| Dublin, OH 43016 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as n | nortgage or secui | red | | |
| Debtor 2 only | car loan) | nortgago or occar | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| ☐ At least one of the debtors and another | | manics nenj | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | Lease | | | |
| community debt | — Other (including a right to onset) | | | | |
| Date debt was incurred | Last 4 digits of account numb | per _2598 | | | |
| O.O. Ditack Financial I.I.C. | December the successful that account the | ha alaim. | ¢70 0Ε4 00 | \$40E 000 00 | \$0.00 |
| 2.2 Ditech Financial LLC Creditor's Name | Describe the property that secures to | | \$76,854.92 | \$185,000.00 | \$0.00 |
| Orealtor 3 Warne | 8254 Legare Court Charlotte 28210 Mecklenburg County | | | | |
| | Residence | | | | |
| P.O. Box 6172 | As of the date you file, the claim is: | Check all that | | | |
| Rapid City, SD 57709 | apply. Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| , с, с.у, с сг | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only | ■ An agreement you made (such as n | nortgage or secur | red | | |
| Debtor 2 only | car loan) | 5 5 1 1 1 2 3 4 . | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, med | hanic's lien) | | | |
| ☐ At least one of the debtors and another | r | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | |
| Date debt was incurred | Last 4 digits of account numb | per 0154 | | | |

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| Debtor 1 | | | | | | Case number (if know) | | | | |
|-----------|--|---------------|--------------------|-----------------------------|--------------|-----------------------|----------|-------------|--|--|
| | First Name | Middle Na | ame | Last Name | | | | | | |
| Debtor 2 | Samantha Ar | n Peindl | | | | | | | | |
| | First Name | Middle Na | ame | Last Name | | | | | | |
| | | | | | | | | | | |
| 23 1 | uliant Federal (| Credit | | | | £40.027.74 | £405.00 | 0.00 | | |
| Un | ion | | Describe the pr | operty that secures the | claim: | \$48,837.74 | \$185,00 | 0.00 \$0.00 | | |
| Cred | ditor's Name | | 8254 Legare | Court Charlotte, N | C | | | | | |
| | | | 28210 Meck | denburg County | | | | | | |
| P | O. Box 26050 | | Residence | | | | | | | |
| | nston Salem, N | IC | | ou file, the claim is: Chec | ck all that | | | | | |
| | 114 | | apply. | | | | | | | |
| | | . 7: 0 . | Contingent | | | | | | | |
| Nun | nber, Street, City, State | & Zip Code | Unliquidated | | | | | | | |
| | | | ☐ Disputed | | | | | | | |
| Who ow | es the debt? Chec | k one. | Nature of lien. | Check all that apply. | | | | | | |
| ☐ Debto | r 1 only | | An agreemer | nt you made (such as mort | tgage or sec | cured | | | | |
| ☐ Debto | r 2 only | | car loan) | | | | | | | |
| ■ Debto | r 1 and Debtor 2 onl | y | ☐ Statutory lier | n (such as tax lien, mechar | nic's lien) | | | | | |
| ☐ At leas | st one of the debtors | and another | ☐ Judgment lie | n from a lawsuit | | | | | | |
| | k if this claim relate munity debt | s to a | Other (includ | ling a right to offset) | | | | <u> </u> | | |
| Date deb | t was incurred | | Last 4 di | igits of account number | 5342 | | | | | |
| | | | | | | | | | | |
| | | | | page. Write that number | here: | \$167,4 | 54.92 | | | |
| | s the last page of y nat number here: | our form, add | the dollar value t | otals from all pages. | | \$167,4 | 54.92 | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Case 18-30 | 1820 DUCT | Document | Page 21 of 6 | /29/18 10.23 | .13 Desc ivi | alli |
|----------------------|---|--|---|---|---|---|-------------------------------------|
| Fill | in this information to ide | entify your case: | Document | Paue / LUIT | 1.1 | | |
| | | | | | | | |
| De | otor 1 Lee And | Irew Peindl | /liddle Name | Last Name | | | |
| Del | otor 2 Samanti | ha Ann Peindl | | | | | |
| | puse if, filing) First Name | | fiddle Name | Last Name | | | |
| Uni | ted States Bankruptcy Cou | irt for the: WEST | TERN DISTRICT OF NOR | TH CAROLINA | | | |
| Ca | se number | | | | | | |
| | nown) | | | | | _ | if this is an ed filing |
| | | | | | | | · · · · · · · · · · · · · · · · · · |
| Of | ficial Form 106E/F | | | | | | |
| Sc | hedule E/F: Cred | itors Who H | ave Unsecured (| Claims | | | 12/15 |
| Scho Scho eft. | executory contracts or unexically contracts or unexically contracts of the D: Creditors Who Have Attach the Continuation Page and case number (if known | s and Unexpired Lea Claims Secured by e to this page. If you | ses (Official Form 106G). Do Property. If more space is ne | not include any cree eeded, copy the Part | ditors with partially s you need, fill it out, i | ecured claims that a number the entries in | re listed in the boxes on the |
| Pa | t 1: List All of Your PR | NORITY Unsecure | d Claims | | | | |
| 1. | Do any creditors have priori | ty unsecured claims | against you? | | | | |
| | ☐ No. Go to Part 2. | | | | | | |
| | Yes. | | | | | | |
| 2. | List all of your priority unseidentify what type of claim it is possible, list the claims in alph Part 1. If more than one credit | . If a claim has both pr nabetical order accordi | riority and nonpriority amounts ing to the creditor's name. If yo | , list that claim here are ou have more than two | nd show both priority a | nd nonpriority amount | s. As much as |
| | (For an explanation of each ty | pe of claim, see the in | structions for this form in the in | nstruction booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Internal Revenue S | Service | Last 4 digits of account | number | \$8,181.38 | \$8,181.38 | \$0.00 |
| | Priority Creditor's Name | oci vioc | - Luck 4 digito of dooduing | | | Ψο, το τ.σο | Ψ0.00 |
| | PO Box 21126 | | When was the debt incu | urred? | | - | |
| | Philadelphia, PA 1 Number Street City State | | As of the date you file, t | the claim is: Check a | Il that annly | | |
| | Who incurred the debt? Ch | • | ☐ Contingent | are claim to: chock a | п инас арргу | | |
| | Debtor 1 only | | ☐ Unliquidated | | | | |
| | Debtor 2 only | | | | | | |
| | _ | | Disputed | anna d'alaime. | | | |
| | Debtor 1 and Debtor 2 or | • | Type of PRIORITY unse | | | | |
| | At least one of the debtor | rs and another | Domestic support obli | igations | | | |
| | ☐ Check if this claim is fo | - | | • | • | | |
| | | | | | | | |
| | Is the claim subject to offs | et? | Claims for death or pe | ersonal injury while yo | u were intoxicated | | |
| | Is the claim subject to offs No Yes | et? | Other. Specify | ersonal injury while you | u were intoxicated | | |

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| Debtor 2 Samantha | Ann Peindl | Case | e number (if know) | | |
|--|---|---|--|--|------------------------------|
| | ent of Revenue | Last 4 digits of account number | \$2,249.17 | \$2,249.17 | \$0.00 |
| Priority Creditor's Bankruptcy PO Box 1168 | Unit 3 | When was the debt incurred? | | | |
| Raleigh, NC | 27602-1168 ity State Zlp Code | As of the date you file, the claim is: Check | all that apply | | |
| Who incurred the d | • | Contingent | ан шасарру | | |
| Debtor 1 only | | ☐ Unliquidated | | | |
| Debtor 2 only | | ☐ Disputed | | | |
| ■ Debtor 1 and Debtor 1 | htor 2 only | Type of PRIORITY unsecured claim: | | | |
| _ | • | ☐ Domestic support obligations | | | |
| _ | e debtors and another | _ | | | |
| | im is for a community debt | Taxes and certain other debts you owe th | = | | |
| Is the claim subject ■ No | t to offset? | Claims for death or personal injury while y | you were intoxicated | | |
| ☐ Yes | | ☐ Other. Specify | | | |
| 3. Do any creditors hav | our NONPRIORITY Unsecur ve nonpriority unsecured claims using to report in this part. Submit t | s against you? his form to the court with your other schedules. | | | |
| 3. Do any creditors have not have not have not have not have. Yes. 4. List all of your nonpurusecured claim, list the have not ha | re nonpriority unsecured claims ning to report in this part. Submit the riority unsecured claims in the the creditor separately for each claims | - , | s each claim. If a creditor h | already included in Pa | art 1. If more on Page of |
| 3. Do any creditors have noth □ No. You have noth □ Yes. 4. List all of your nonpursecured claim, list than one creditor hold Part 2. | re nonpriority unsecured claims ning to report in this part. Submit the riority unsecured claims in the the creditor separately for each class a particular claim, list the other | his form to the court with your other schedules. alphabetical order of the creditor who holds aim. For each claim listed, identify what type of creditors in Part 3.If you have more than three | s each claim. If a creditor h claim it is. Do not list claims nonpriority unsecured claim | s already included in Pa s fill out the Continuati | art 1. If more on Page of |
| 3. Do any creditors have not have not have not have not have not have not have. 4. List all of your nonpounsecured claim, list than one creditor hold Part 2. 4.1 American Exponential Nonpriority Credit PO Box 6504 Dallas, TX 75 | re nonpriority unsecured claims ing to report in this part. Submit the riority unsecured claims in the he creditor separately for each cla s a particular claim, list the other cpress tor's Name 148 5265-0448 | alphabetical order of the creditor who holds aim. For each claim listed, identify what type of creditors in Part 3.lf you have more than three Last 4 digits of account number When was the debt incurred? | s each claim. If a creditor h claim it is. Do not list claims nonpriority unsecured claim | s already included in Pa s fill out the Continuati | art 1. If more on Page of |
| 3. Do any creditors have not h | re nonpriority unsecured claims ing to report in this part. Submit t riority unsecured claims in the he creditor separately for each cla s a particular claim, list the other cpress tor's Name 148 | alphabetical order of the creditor who holds aim. For each claim listed, identify what type of creditors in Part 3.lf you have more than three | s each claim. If a creditor h claim it is. Do not list claims nonpriority unsecured claim | s already included in Pa s fill out the Continuati | art 1. If more on Page of |
| 3. Do any creditors have not h | re nonpriority unsecured claims ing to report in this part. Submit the riority unsecured claims in the the creditor separately for each class a particular claim, list the other spress tor's Name 148 5265-0448 ity State ZIp Code the debt? Check one. | alphabetical order of the creditor who holds aim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number 101 When was the debt incurred? As of the date you file, the claim is: Che | s each claim. If a creditor h claim it is. Do not list claims nonpriority unsecured claim | s already included in Pa s fill out the Continuati | art 1. If more on Page of |
| Do any creditors have not have not | riority unsecured claims ing to report in this part. Submit to riority unsecured claims in the he creditor separately for each cla is a particular claim, list the other copress tor's Name 148 5265-0448 ity State Zlp Code he debt? Check one. | alphabetical order of the creditor who holds aim. For each claim listed, identify what type of creditors in Part 3.lf you have more than three Last 4 digits of account number When was the debt incurred? | s each claim. If a creditor h claim it is. Do not list claims nonpriority unsecured claim | s already included in Pa s fill out the Continuati | art 1. If more on Page of |
| 3. Do any creditors hav No. You have noth Yes. 4. List all of your nonpure unsecured claim, list it than one creditor hold Part 2. 4.1 American Ex Nonpriority Credit PO Box 6504 Dallas, TX 75 Number Street Co Who incurred th □ Debtor 1 only ■ Debtor 2 only | riority unsecured claims ing to report in this part. Submit to riority unsecured claims in the he creditor separately for each cla is a particular claim, list the other cpress tor's Name 148 5265-0448 ity State ZIp Code he debt? Check one. | alphabetical order of the creditor who holds aim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Che | s each claim. If a creditor h claim it is. Do not list claims nonpriority unsecured claim | s already included in Pa s fill out the Continuati | art 1. If more on Page of |
| 3. Do any creditors have not h | riority unsecured claims ing to report in this part. Submit to riority unsecured claims in the he creditor separately for each cla is a particular claim, list the other cpress tor's Name 148 5265-0448 ity State ZIp Code he debt? Check one. | alphabetical order of the creditor who holds aim. For each claim listed, identify what type of creditors in Part 3.lf you have more than three Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Che | s each claim. If a creditor h claim it is. Do not list claims nonpriority unsecured claim | s already included in Pa s fill out the Continuati | art 1. If more on Page of |
| 3. Do any creditors have No. You have noth Yes. 4. List all of your nonpure unsecured claim, list than one creditor hold Part 2. 4.1 American Ex Nonpriority Credit PO Box 6504 Dallas, TX 75 Number Street C Who incurred the Debtor 1 only Debtor 2 only Debtor 1 and At least one o | riority unsecured claims ing to report in this part. Submit to riority unsecured claims in the the creditor separately for each class a particular claim, list the other sepress tor's Name 148 5265-0448 ity State ZIp Code the debt? Check one. | alphabetical order of the creditor who holds aim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Che | s each claim. If a creditor h claim it is. Do not list claims nonpriority unsecured claim | s already included in Pa s fill out the Continuati | art 1. If more on Page of |
| 3. Do any creditors hav No. You have noth Yes. 4. List all of your nonpure unsecured claim, list than one creditor hold Part 2. 4.1 American Ex Nonpriority Credit PO Box 6504 Dallas, TX 75 Number Street C Who incurred th Debtor 1 only Debtor 2 only At least one o | riority unsecured claims in the he creditor separately for each class a particular claim, list the other cores tor's Name 148 6265-0448 (by State Zlp Code lee debt? Check one. Debtor 2 only of the debtors and another claim is for a community | alphabetical order of the creditor who holds aim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number 101 When was the debt incurred? As of the date you file, the claim is: Che | s each claim. If a creditor h claim it is. Do not list claims nonpriority unsecured claim 12 eck all that apply | s already included in Pa s fill out the Continuati Total cla | art 1. If more on Page of |
| 3. Do any creditors have a No. You have noth Yes. 4. List all of your nonpure unsecured claim, list than one creditor hold Part 2. 4.1 American Exponential Nonpriority Credit PO Box 6504 Dallas, TX 75 Number Street Computer of the Debtor 1 only Debtor 1 and At least one of Check if this debt | riority unsecured claims in the he creditor separately for each class a particular claim, list the other cores tor's Name 148 6265-0448 (by State Zlp Code lee debt? Check one. Debtor 2 only of the debtors and another claim is for a community | alphabetical order of the creditor who holds aim. For each claim listed, identify what type of creditors in Part 3.If you have more than three Last 4 digits of account number | s each claim. If a creditor he claim it is. Do not list claims nonpriority unsecured claims 12 eck all that apply n: agreement or divorce that y | s already included in Pa s fill out the Continuati Total cla | art 1. If more on Page of |

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| | 1 Lee Andrew Peindl 2 Samantha Ann Peindl | Case number (if know) | |
|-----|--|---|------------|
| 4.2 | BB&T | Last 4 digits of account number 0382 | \$4,552.60 |
| | Nonpriority Creditor's Name 200 Second Street NW Winston Salem, NC 27101 | When was the debt incurred? | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| | Branch Bank & Trust - Overdraft Nonpriority Creditor's Name | Last 4 digits of account number | \$443.71 |
| | 200 Second Street NW Winston Salem, NC 27101 | When was the debt incurred? | |
| - | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other. Specify | |
| | | | |
| | Capital One Bank Nonpriority Creditor's Name | Last 4 digits of account number 4331 | \$6,591.36 |
| | P.O Box 71083 Charlotte, NC 28272 | When was the debt incurred? | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | |
| | ☐ Yes | Other. Specify Credit card | |

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| Debt | or 2 Samantha Ann Peindl | Case number (if know) | |
|------|---|--|-------------|
| 4.5 | Capital One Bank Nonpriority Creditor's Name | Last 4 digits of account number 2249 | \$12,152.42 |
| | P.O Box 71083 Charlotte, NC 28272 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit card | |
| 4.6 | Chase Bank | Last 4 digits of account number 7762 | \$3,145.52 |
| | Nonpriority Creditor's Name National Bank By Mail PO Box 36520 | When was the debt incurred? | |
| | Louisville, KY 40233-7762 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | |
| 4.7 | Chase Slate | Last 4 digits of account number 8961 | \$7,103.09 |
| | Nonpriority Creditor's Name Cardmember Services PO Box 1423 | When was the debt incurred? | |
| | Charlotte, NC 28201 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <u> </u> | Пол | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit card | |
| | | | |

Debtor 1 Lee Andrew Peindl

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| | 1 Lee Andrew Peindl 2 Samantha Ann Peindl | Case number (if know) | |
|----------|---|---|-------------|
| 4.8 | Earl & Bonnie Moore | Last 4 digits of account number | \$10,000.00 |
| | Nonpriority Creditor's Name 5753 Hwy 85 N. | When was the debt incurred? | |
| | Crestview, FL 32536 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Personal Loan from parents | |
| 4.9 | Novant Health Medical Group | Last 4 digits of account number 9887 | \$338.74 |
| | Nonpriority Creditor's Name PO Box 602584 Charlotte, NC 28260 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical Bill | |
| 4.1 0 | The Gates at Quail Hollow | Last 4 digits of account number 8254 | \$905.12 |
| | Nonpriority Creditor's Name c/o William Douglas Property Management | When was the debt incurred? | |
| | 4523 Park Road, Suite 201-A Charlotte, NC 28209 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | П | |
| | Debtor 2 only | □ Contingent | |
| | | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Homeowners Dues | |
| | | | |

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Debtor 2 Samantha Ann Peindl Case number (if know) 4.1 Thomas & Sylvia Hefferon \$5,000,00 Last 4 digits of account number Nonpriority Creditor's Name 1100 Bellemeade Lane When was the debt incurred? Charlotte, NC 28277 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Personal Loan from parents 4.1 Western Alliance 2880 \$2,488.94 Last 4 digits of account number 2 Nonpriority Creditor's Name When was the debt incurred? PO Box 927830 San Diego, CA 92192 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical Bill** Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Alltran Financial** Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 722929 Part 2: Creditors with Nonpriority Unsecured Claims Houston, TX 77272-2929 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Gatestone & Co. International, Inc. Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1000 N. West Street, Suite 1200 Part 2: Creditors with Nonpriority Unsecured Claims Wilmington, DE 19801 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? SRA Associates, LLC Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 401 Minnetonka Road Part 2: Creditors with Nonpriority Unsecured Claims Somerdale, NJ 08083 Last 4 digits of account number 3321

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 Lee Andrew Peindl

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Debtor 1 Lee Andrew Peindl
Debtor 2 Samantha Ann Peindl Case number (if know)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | 1 | Total Claim |
|-----|---|--|---|--|
| 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| | | | | |
| 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 10,430.55 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 10,430.55 |
| | | | 7 | Total Claim |
| 6f. | Student loans | 6f. | \$ | 0.00 |
| 6a. | Obligations arising out of a separation agreement or divorce that | | | |
| - 3 | you did not report as priority claims | 6g. | \$ | 0.00 |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 56,843.14 |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 56,843.14 |
| | 6b. 6c. 6d. 6e. 6f. 6g. 6h. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. | 6a. Commestic support obligations 6a. Sample of the comment o |

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| | | | III FAU C 70 ULUS |
|---------------------|--------------------------|--------------------|------------------------------|
| Fill in this infor | mation to identify your | case: | |
| Debtor 1 | Lee Andrew Pein | dl | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Samantha Ann P | eindl | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF NORTH CAROLINA |
| Case number _ | | | |
| (| | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 BMW Financial Services PO Box 3608 Dublin, OH 43016 Lease on 2015 BMW 335i

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| | | Documen | t Page 29 o | <u>f 65</u> |
|----------------------------|--|-------------------------------|-----------------------|--|
| Fill in thi | s information to identify your | case: | | |
| Debtor 1 | Lee Andrew Peir | dl | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, fi | Samantha Ann P First Name | eindl Middle Name | Last Name | |
| United St | ates Bankruptcy Court for the: | WESTERN DISTRICT OF | NORTH CAROLINA | |
| Case nun | phor | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | |
| | dule H: Your Cod | ahtors | | 12/15 |
| SCITE | dule II. Toul Cou | CDIOIS | | 12/13 |
| your nam | e and case number (if known you have any codebtors? (if |). Answer every question. | • | o this page. On the top of any Additional Pages, write as a codebtor. |
| ■ No | | | | |
| | | | | |
| | t hin the last 8 years, have yo na, California, Idaho, Louisiana | | | ¶? (Community property states and territories include ngton, and Wisconsin.) |
| ■ No | . Go to line 3. | | | |
| ☐ Ye | s. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | |
| | | | | |
| in lin Form | e 2 again as a codebtor only | if that person is a guaranto | r or cosigner. Make s | if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Officia 6G). Use Schedule D, Schedule E/F, or Schedule G to f |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 24 | | | | Clocked to D. Free |
| 3.1 | Name | | | _ |
| | | | | ☐ Schedule G, line |
| | Number Street | | | _ |
| | City | State | ZIP Code | |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street | 01-1- | 71D O- 4- | _ |
| | City | State | ZIP Code | |

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| Fill in this information | n to identify your case: | |
|---------------------------------|---|--|
| Debtor 1 | Lee Andrew Peindl | _ |
| Debtor 2 (Spouse, if filing) | Samantha Ann Peindl | - |
| United States Bankr | uptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA | _ |
| Case number (If known) | | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter |
| 000 : 15 | 4001 | 13 income as of the following date: |
| Official Forr | | MM / DD/ YYYY |
| Schedule I | : Your Income | 12/15 |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Describe Employment | | | |
|-----|---|-----------------------|--|-------------------------------|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Employment status | ■ Employed | ■ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed |
| | employers. | Occupation | Attorney | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | McGrath & Spielberger, PLLC | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 6201 Fairview Road, Suite 330 Charlotte, NC 28210 | |
| | | How long employed the | here? 3 years | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

Estimate and list monthly overtime pay.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,930.84 \$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 3,930.84 \$ 0.00

Official Form 106I Schedule I: Your Income page 1

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| | tor 1 tor 2 | Lee Andrew Peindl Samantha Ann Peindl | _ | | Case | e number (<i>if known</i>) | ١. | | | | |
|-----|----------------|---|---------|----------|------|------------------------------|----------------|------|----------------------|---------------|--|
| | | | | | Fo | r Debtor 1 | | | Debtor n-filing s | | |
| | Cop | y line 4 here | 4. | | \$_ | 3,930.84 | | \$ | | 0.00 | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | a. | \$ | 804.68 | 3 | \$ | | 0.00 |) |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | 0.00 | _ | \$_ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 50 | . | \$ | 0.00 | _ | \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 0.00 |) | \$ | | 0.00 |) |
| | 5e. | Insurance | 5e | €. | \$_ | 0.00 |) | \$ | | 0.00 |) |
| | 5f. | Domestic support obligations | 5f | | \$_ | 0.00 | _ | \$ | | 0.00 | _ |
| | 5g. | Union dues | 50 | - | \$_ | 0.00 | _ | \$_ | | 0.00 | |
| | 5h. | Other deductions. Specify: | 5r | 1.+ | \$_ | 0.00 |) - | + \$ | | 0.00 | <u>)</u> |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 804.68 | } | \$ | | 0.00 | <u>)</u> |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 3,126.16 | <u> </u> | \$ | | 0.00 | <u>)</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | |
| | | monthly net income. | 88 | | \$_ | 0.00 | _ | \$ | | 0.00 | |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | 8b t | ο. | \$_ | 0.00 | _ | \$ | | 0.00 | _ |
| | | settlement, and property settlement. | 80 | | \$_ | 0.00 | _ | \$ | | 0.00 | |
| | 8d. | Unemployment compensation | 80 | | \$_ | 0.00 | _ | \$_ | | 0.00 | |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive | 86 | €. | \$_ | 0.00 | _ | \$ | | 0.00 | <u>)</u> |
| | oi. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f | | \$_ | 0.00 |)_ | \$ | | 0.00 |) |
| | 8g. | Pension or retirement income | 80 | - | \$ | 0.00 | | \$ | | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$_ | 0.00 |) ⁺ | ⊦\$_ | | 0.00 | <u>) </u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 0.00 |) | \$ | | 0.0 | 00 |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 3,126.16 + | £ | | 0.00 | = \$ | 3,126.16 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ť - | | 0,120.10 | _ | | - 0.00 | * - | 0,120.10 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | • | | | Schedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes | | | | | | | . 12. | \$ | 3,126.16 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. | 1? | | | | | | | Comb month | ined ily income |
| | | Yes. Explain: | | | | | | | | | |

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| Fill in this info | mation to identify y | our case: | | | | | |
|-----------------------------|---|----------------|--|---|--|---|---|
| Debtor 1 | Lee Andrew | Peindl | | | Che | eck if this is: | |
| Debtor 2 (Spouse, if filing | Samantha A | nn Peind | II | | | An amended filing A supplement show 13 expenses as of | wing postpetition chapter the following date: |
| United States B | ankruptcy Court for the | : WESTE | ERN DISTRICT OF NORTI | H CAROLINA | | MM / DD / YYYY | |
| Case number (If known) | | | | | | | |
| Official I | Form 106J | | | | | | |
| Schedu | le J: Your | Exper | nses | | | | 12/1 |
| information. | te and accurate as f more space is ne own). Answer eve | eded, atta | . If two married people ar ich another sheet to this n. | e filing together, b form. On the top of | oth are equ f any addit | ually responsible fo ional pages, write y | or supplying correct your name and case |
| | scribe Your House | ehold | | | | | |
| | joint case? o to line 2. | | | | | | |
| | Does Debtor 2 live | in a sonar | ate household? | | | | |
| _ | No | iii a sepai | ate nousenoia. | | | | |
| | _ | st file Offici | al Form 106J-2, Expenses | s for Separate House | ehold of De | htor 2 | |
| | | _ | ar om 1000 2, 2 <i>Apon</i> occ | To Coparato Trouce | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 510. 2. | |
| • | ave dependents? | ☐ No | | | | | |
| Do not lis Debtor 2 | t Debtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| Da | -4- 46- | | | | | | □ No |
| Do not st depende | ate the nts names. | | | Daughter | | 5 | ■ Yes |
| · | | | | | | | □ No |
| | | | | | | | ☐ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes |
| | | | | | | | □ No |
| 3. Do your | expenses include | _ | | | | | ☐ Yes |
| expense | s of people other t and your depende | than _ | No Yes | | | | |
| Part 2: Es | timate Your Ongo r expenses as of y of a date after the | ing Monthl | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| | uch assistance an | | government assistance i cluded it on <i>Schedule I:</i> \ | | | Your exp | enses |
| | al or home owners and any rent for th | | ses for your residence. I or lot. | nclude first mortgag | e 4. | \$ | 771.84 |
| If not inc | luded in line 4: | | | | | | |
| 4a. Re | al estate taxes | | | | 4a. | · | 0.00 |
| | perty, homeowner' | | | | 4b. | | 22.00 |
| | me maintenance, re | | | | 4c. | | 50.00 |
| | meowner's associa | | dominium dues our residence , such as ho | me equity loops | 4d. 5. | · | 700.00 500.00 |
| AUUIIIOI | | | | | | | |

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| ase numl | per (if known) | |
|-----------|--|--|
| | _ | |
| | | |
| 6a. | \$ | 190.00 |
| 6b. | \$ | 0.00 |
| 6c. | \$ | 325.00 |
| 6d. | \$ | 0.00 |
| | \$ | 700.00 |
| 8. | \$ | 1,018.00 |
| 9. | \$ | 125.00 |
| 10. | \$ | 100.00 |
| 11. | \$ | 200.00 |
| 40 | • | 400.00 |
| | | 400.00 |
| | | 264.00 |
| 14. | \$ | 0.00 |
| | | |
| 15a | \$ | 0.00 |
| | | 0.00 |
| | | 122.00 |
| | · | 0.00 |
| _ 100. | Ψ | 0.00 |
| 16. | \$ | 150.00 |
| _ | \$ | 188.00 |
| _ | • | |
| 17a. | \$ | 729.00 |
| 17b. | \$ | 0.00 |
| 17c. | \$ | 0.00 |
| 17d. | \$ | 0.00 |
| _ | | |
| 18. | | 0.00 |
| | \$ | 0.00 |
| _ | | |
| | | 0.00 |
| | | 0.00 |
| | · | 0.00 |
| | • | 0.00 |
| | · | 0.00 |
| | | 0.00 |
| _ 21. | +\$ | 112.00 |
| | | |
| | \$ | 6,666.84 |
| | \$ | |
| | \$ | 6,666.84 |
| | | |
| | | |
| | | 3,126.16 |
| 23b. | -\$ | 6,666.84 |
| ſ | | |
| 23c. | \$ | -3,540.68 |
| | | |
| | | |
| file this | | |
| | | e or decrease because |
| | | e or decrease because c |
| | 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15b. 15c. 15d. 17d. 17d. 17d. 17d. 20a. 20b. 20c. 20d. 20e. 21. 23a. 23b. | 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 16. \$ 17a. \$ 17b. \$ 17c. \$ 17d. \$ 18. \$ 20b. \$ 20c. \$ 20d. \$ 20e. \$ 21. +\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

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| Fill in this inform | nation to identify your | 00001 | | |
|-----------------------|--|---------------------------|--|--|
| riii iii tiiis iiiion | nation to identify your | case. | | |
| Debtor 1 | Lee Andrew Pein | | | _ |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Samantha Ann Po | | | _ |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | WESTERN DISTRICT O | F NORTH CAROLINA | _ |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Official Forn | | ın Individual | Debtor's Schedules | 5 12/15 |
| | | | | |
| · | 8 U.S.C. §§ 152, 1341, 1 n Below | 519, and 3571. | | |
| Did you pa | y or agree to pay some | one who is NOT an attorr | ney to help you fill out bankruptcy forn | ns? |
| ■ No | | | | |
| ☐ Yes. N | Name of person | | | n Bankruptcy Petition Preparer's Notice, pration, and Signature (Official Form 119) |
| | lty of perjury, I declare e true and correct. | that I have read the sumr | nary and schedules filed with this dec | laration and |
| X /s/ Lee | Andrew Peindl | | X /s/ Samantha Ann Peinc | II |
| | drew Peindl | | Samantha Ann Peindl | - |
| Signatui | re of Debtor 1 | | Signature of Debtor 2 | |
| Date | May 29, 2018 | | Date May 29, 2018 | |

| | this inform | ation to identify your | case: | | | |
|------------------|---------------------------------------|--|--|---|--|---|
| Debto | or 1 | Lee Andrew Peir | ndl | | | |
| | | First Name | Middle Name | Last Name | | |
| Debto | or 2 e if, filing) | Samantha Ann P | Peindl Middle Name | Last Name | | |
| | | | | | | |
| Unite | d States Bar | kruptcy Court for the: | WESTERN DISTRICT OF | F NORTH CAROLINA | | |
| Case (if know | number | | | | _ | Check if this is an mended filing |
| Sta | | of Financial | | duals Filing for B | | 4/16 |
| inforn numb | nation. If me er (if known | ore space is needed,). Answer every ques | attach a separate sheet to stion. | are filing together, both are this form. On the top of any | | |
| Part ' | | | rital Status and Where You | Lived Before | | |
| 1. V | Vhat is your | current marital statu | s? | | | |
| | Married Not mar | ried | | | | |
| 2. C | ouring the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| • | ■ No □ Yes. List | all of the places you li | ved in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | gal equivalent in a communi vada, New Mexico, Puerto Ri | | |
| | No | | | | | |
| | Yes. Ma | ke sure you fill out <i>Sch</i> | edule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | 2 Explain | n the Sources of You | Income | | | |
| 4. C | ill in the tota | l amount of income you | received from all jobs and a | ng a business during this ye all businesses, including part- e together, list it only once un | time activities. | ndar years? |
| F | you are filin | g a joint case and you | • | | | |
| F | _ | g a joint case and you | · | | | |
| F If | J No | in the details. | · | | | |
| F If | J No | , , | Debtor 1 | | Debtor 2 | |
| F If | J No | , , | Debtor 1 Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From | No No Yes. Fill Yes. Fill January 1 o | , , | Sources of income | (before deductions and | Sources of income | (before deductions |

Official Form 107

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Lee Andrew Peindl Debtor 1 Debtor 2 Samantha Ann Peindl Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$64,596.13 \$63,708.52 Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$29,897.24 \$62,727.76 Wages, commissions. Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income **Gross income from Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid **Ditech Financial LLC April 2018** \$1,200.00 \$76.854.92 ■ Mortgage P.O. Box 6172 ☐ Car Rapid City, SD 57709 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors

□ Other

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| | | | | | Was this payment for | | | |
|-----|--|--------------------------------|---------------------|----------------------|--|--|--|--|
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | | | |
| | American Express Gatestone & Company 1000n. West Street, Suite 1200 Wilmington, DE 19817 | February, March, April, May | \$1,000.00 | \$4,121.64 | ☐ Mortgage ☐ Car ■ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other | | | |
| | Alltran Financial PO Box 722929 Houston, TX 77272-2929 | February, March, April 2018 | \$1,179.57 | \$3,145.52 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other | | | |
| | BMW Financial Services PO Box 3608 Dublin, OH 43016 | February, March, April 2018 | \$2,427.63 | \$1,316.48 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Lease on vehicle | | | |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | |
| | Yes. List all payments to an insider. Insider's Name and Address | Dates of payment | Total amount | Amount you | Reason for this payment | | | |
| | | | paid | still owe | | | | |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider | | ments or transfer a | any property on ac | ccount of a debt that benefited an | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name | | | |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | cy, were you a party in an | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case | | | |
| | Oute Humber | | | | | | | |

7.

8.

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Debtor 1 Lee Andrew Peindl

| Del | btor 2 Samantha Ann Peindl | | Case number | (if known) | | | | |
|-----|--|--------------|---|-----------------------------------|--------------------------|--|--|--|
| 10. | Within 1 year before you filed for bankr Check all that apply and fill in the details b | | any of your property repossessed, foreclosed | d, garnished, attached | , seized, or levied? | | | |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | | | |
| | Creditor Name and Address | Descri | ibe the Property | Date | Value of the | | | |
| | | Explai | in what happened | | property | | | |
| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment No Yes. Fill in the details. | | any creditor, including a bank or financial in u owed a debt? | stitution, set off any a | mounts from your | | | |
| | Creditor Name and Address | Descri | ibe the action the creditor took | Date action was taken | Amoun | | | |
| 12. | Within 1 year before you filed for bankr court-appointed receiver, a custodian, | | any of your property in the possession of an fficial? | | fit of creditors, a | | | |
| | ■ No □ Yes | | | | | | | |
| | | | | | | | | |
| | rt 5: List Certain Gifts and Contributio | | very give any gifts with a total value of many | than \$600 mar maraans | • | | | |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No | | | | | | | |
| | \square Yes. Fill in the details for each gift. | | | | | | | |
| | Gifts with a total value of more than \$6 per person | 00 D | escribe the gifts | Dates you gave the gifts | Value | | | |
| | Person to Whom You Gave the Gift and Address: | ı | | | | | | |
| 14. | ■ No | | | | | | | |
| | Yes. Fill in the details for each gift or Gifts or contributions to charities that | | escribe what you contributed | Dates you | Value | | | |
| | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | | escribe what you contributed | contributed | Value | | | |
| Par | rt 6: List Certain Losses | | | | | | | |
| 15. | | uptcy or sin | ce you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaste | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and how the loss occurred | Include the | any insurance coverage for the loss e amount that insurance has paid. List pending claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property los | | | |
| Par | rt 7: List Certain Payments or Transfe | s | | | | | | |
| 16. | consulted about seeking bankruptcy or | preparing a | ou or anyone else acting on your behalf pay a bankruptcy petition? r credit counseling agencies for services require | | ty to anyone you | | | |
| | □ No | □ No | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | tr | escription and value of any property ransferred | Date payment or transfer was made | Amount of payment | | | |
| O4: | made the rayment, if Not | . Ju | nancial Affaira for Individuals Filing for Bonksunts | | | | | |

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Debtor 1 Lee Andrew Peindl
Debtor 2 Samantha Ann Peindl

Case number (if known)

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and va transferred | alue of any prop | erty | Date payment or transfer was made | Amount of payment | | |
|-----|--|---|------------------------------|------------------------|---|---|--|--|
| | Richard M. Mitchell 4600 Park Road Suite 420 Charlotte, NC 28209 cmartin@rickmitchelllaw.com | Attorney Fees - Court Filing fee | | | May 2018 | \$1,000.00 | | |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and vatransferred | alue of any prop | erty | Date payment or transfer was made | Amount of payment | | |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your bus include both outright transfers and transfers made include gifts and transfers that you have already links to the course of the cou | iness or financial affa e as security (such as th | irs? ne granting of a s | | | | | |
| | Yes. Fill in the details. Person Who Received Transfer | Description and va | alue of | Describe | any property or | Date transfer was | | |
| | Address | property transferre | | payments paid in ex | made | | | |
| | Person's relationship to you | | | | | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | |
| | Yes. Fill in the details. Name of trust | Description and w | alue of the prope | orty transfor | rod | Data Transfer was | | |
| | Name of trust | Description and va | alue of the prope | erty transieri | rea | Date Transfer was made | | |
| Par | List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Stor | rage Units | | | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? | were any financial acc | counts or instrur | ments held i | n your name, or for yo | ur benefit, closed, | | |
| | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | unions, brokerage | | |
| | | ast 4 digits of ccount number | number instrument close move | | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for | bankruptcy, any | safe deposi | it box or other deposi | tory for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acco Address (Number, St State and ZIP Code) | | Describe the | contents | Do you still have it? | | |
| | | | | | | | | |

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Debtor 1 Lee Andrew Peindl
Debtor 2 Samantha Ann Peindl

Case number (if known)

| 22. | year before you filed for bankruptcy | ? | | | | | | |
|-----|---|---|---|-----------------------|--|--|--|--|
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | |
| | Public Storage 10811 Pineville Road Pineville, NC 28134 | Lee and Samantha Peindl | Mattress; box spring; furniture; books; bookshelf; bicycle; couch; lamps; files; random household items such as pillows, law school books, CDs | □ No ■ Yes | | | | |
| Par | 9: Identify Property You Hold or Control for | Someone Else | | | | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any proper | ty you borrowed from, are storing fo | r, or hold in trust | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | |
| Par | 10: Give Details About Environmental Inform | nation | | | | | | |
| For | he purpose of Part 10, the following definitions | s apply: | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | • | | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposa | | law, whether you now own, operate, | or utilize it or used | | | | |
| | Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic | substance, | | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of when | n they occurred. | | | | | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | under or in violation of an environm | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| | | | | | | | | |

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Debtor 1 Lee Andrew Peindl
Debtor 2 Samantha Ann Peindl

Case number (if known)

| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | |
|---|--|---|---|--|--|--------------------|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Name Address (Number, Street, City, | | Status of the case | | | |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | | |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to an | | | | | | | | | |
| | | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | | No. None of the above applies. Go to I | None of the above applies. Go to Part 12. | | | | | | |
| | | Yes. Check all that apply above and fill in the details below for each business. | | | | | | | |
| | | siness Name dress | Describe the nature of the business | | Employer Identification number Do not include Social Security | | | | |
| | (Nur | nber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Dates business existed | | | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | | |
| | | No Yes. Fill in the details below. | | | | | | | |
| | | me dress nber, Street, City, State and ZIP Code) | Date Issued ity, State and ZIP Code) | | | | | | |
| | | | | | | | | | |

Entered 05/29/18 16:23:13 Document Page 42 of 65 Lee Andrew Peindl Debtor 1 Debtor 2 Samantha Ann Peindl Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Samantha Ann Peindl /s/ Lee Andrew Peindl Samantha Ann Peindl

Lee Andrew Peindl Signature of Debtor 1 Signature of Debtor 2 Date May 29, 2018 Date May 29, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Doc 1

Desc Main

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| Fill in this infor | mation to identify your case: | | |
|---|---|---|--------------------------------------|
| Debtor 1 | Lee Andrew Peindl | | |
| | First Name Middle Name | Last Name | |
| Debtor 2 | Samantha Ann Peindl | | |
| (Spouse if, filing) | First Name Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: WESTERN DIST | RICT OF NORTH CAROLINA | |
| Case number | | | |
| (if known) | | | ☐ Check if this is an amended filing |
| Official Fo | orm 108 | | |
| | | viduals Filing Under Chapte | r 7 12/15 |
| | | <u> </u> | |
| • | lividual filing under chapter 7, you must f re claims secured by your property, or | ill out this form if: | |
| _ | sed personal property and the lease has | not expired. | |
| You must file thi | is form with the court within 30 days afte ever is earlier, unless the court extends t | r you file your bankruptcy petition or by the date set he time for cause. You must also send copies to the | |
| | eople are filing together in a joint case, b nd date the form. | oth are equally responsible for supplying correct inf | ormation. Both debtors must |
| | and accurate as possible. If more space rour name and case number (if known). | is needed, attach a separate sheet to this form. On the | ne top of any additional pages, |
| Part 1: List Y | our Creditors Who Have Secured Claims | | |
| | | D: Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| information be | elow. editor and the property that is collateral | What do you intend to do with the property that | Did you claim the property |
| , | | secures a debt? | as exempt on Schedule C? |
| | | | |
| Creditor's E | BMW Financial Services | ☐ Surrender the property. | ■ No |
| name: | | ☐ Retain the property and redeem it. | |
| Description of | 2015 BMW 335i 21000 miles | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | Lease vehicle | Retain the property and [explain]: | |
| securing debt | : | Continue making payments | - |
| Creditor's [| Ditech Financial LLC | _ | |
| | Diech Financial LLC | Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | ■ Yes |
| Description of | 8254 Legare Court Charlotte, | Retain the property and enter into a Reaffirmation Agreement. | - 103 |
| property securing debt | NC 28210 Mecklenburg County | ☐ Retain the property and [explain]: | - |
| | | | |
| Creditor's T | Truliant Federal Credit Union | ■ Surrender the property. | □ No |
| name: | | ☐ Retain the property and redeem it. | |
| Description of | 8254 Legare Court Charlotte, | ☐ Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

NC 28210 Mecklenburg County

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| | rew Peindl na Ann Peindl | Case number (if known) | |
|---------------------------------|--|---|-------------------------------------|
| property Resecuting debt: | esidence | ☐ Retain the property and [explain]: | _ |
| | Inexpired Personal Property ersonal property lease that yo | Leases ou listed in Schedule G: Executory Contracts and Unexpire | d Leases (Official Form 106G), fill |
| n the information be | low. Do not list real estate le | ases. Unexpired leases are leases that are still in effect; the lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | e lease period has not yet ended. |
| Describe your unexp | pired personal property lease | es . | Will the lease be assumed? |
| Lessor's name: | BMW Financial Service | s | □ No |
| | | | ■ Yes |
| Description of leased Property: | Lease on 2015 BMW 33 | .5i | |

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| Debto Debto | | ee Andrew Peindl Samantha Ann Peindl | Case number (if known) |
|----------------|-------------------|---|--|
| | | | |
| | | | |
| | | | |
| Part 3 | Si Si | gn Below | |
| | | y of perjury, I declare that I have in its subject to an unexpired lease. | ated my intention about any property of my estate that secures a debt and any personal |
| X / | s/ Lee | Andrew Peindl | χ /s/ Samantha Ann Peindl |
| L | Lee Andrew Peindl | | Samantha Ann Peindl |
| S | Signatu | re of Debtor 1 | Signature of Debtor 2 |
| Е | Date | May 29, 2018 | Date May 29, 2018 |

| Fill in this info | rmation to identify your case: | Check one box only as directed in this form and in Form |
|---|---|---|
| Debtor 1 | Lee Andrew Peindl | 122A-1Supp: |
| Debtor 2 | Samantha Ann Peindl | ☐ 1. There is no presumption of abuse |
| (Spouse, if filing) United States Case number | Bankruptcy Court for the: Western District of North Carolina | 2. The calculation to determine if a presumption o applies will be made under Chapter 7 Means 7 Calculation (Official Form 122A-2). |
| (if known) | | ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later |
| | | ☐ Check if this is an amended filing |
| | Form 122A - 1 7 Statement of Your Current Monthl | y Income |
| attach a separa case number (if qualifying milita | e and accurate as possible. If two married people are filing together, both the sheet to this form. Include the line number to which the additional info f known). If you believe that you are exempted from a presumption of abuary service, complete and file Statement of Exemption from Presumption | rmation applies. On the top of any additional pages, write your n se because you do not have primarily consumer debts or becaus |

| Check one box only as directed in this form and in Form 122A-1Supp: |
|---|
| ☐ 1. There is no presumption of abuse |
| 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2). |
| ☐ 3. The Means Test does not apply now because of |

Column B

12/15

Calculate Your Current Monthly Income

□ Not married. Fill out Column A, lines 2-11.

| 1. | What is your | marital a | and filing | status? | Check or | ne only. |
|----|--------------|-----------|------------|---------|----------|----------|
|----|--------------|-----------|------------|---------|----------|----------|

- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | Debto | or 1 | or 2 or filing spouse |
|----|---|-----------------------------------|----------------------------------|-------|----------|------------------------------|
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and commissi | ons (before all | \$ | 4,756.55 | \$ 5,555.33 |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | payments from | a spouse if | \$ | 0.00 | \$ 0.00 |
| 4. | All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | Include regula I, your depende | r contributions nts, parents, | \$ | 0.00 | \$ 0.00 |
| 5. | Net income from operating a business, profession, | or farm | | | | |
| | | Dek | otor 1 | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | | |
| | Net monthly income from a business, profession, or far | m \$ 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |
| 6. | Net income from rental and other real property | | | | | |
| | | Dek | otor 1 | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | | |
| | Net monthly income from rental or other real property | \$ 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |
| 7. | Interest, dividends, and royalties | | | \$ | 0.00 | \$ 0.00 |
| l | · · · · · | | | | | |

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Samantha Ann Peindl Debtor 2 Case number (if known) Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 4,756.55 5,555.33 10,311.88 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 10,311.88 Multiply by 12 (the number of months in a year) **x** 12 123,742.56 12b. The result is your annual income for this part of the form 12h. 13. Calculate the median family income that applies to you. Follow these steps: NC Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 66,361.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Lee Andrew Peindl X /s/ Samantha Ann Peindl Lee Andrew Peindl Samantha Ann Peindl Signature of Debtor 1 Signature of Debtor 2 Date May 29, 2018 Date May 29, 2018 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

Lee Andrew Peindl

Debtor 1

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| | in this information to identify your case: | | | eck the appropriate s 40 or 42: | box as dire | ected in |
|-----------|---|-----------------------|---------------|-------------------------------------|---------------|-------------|
| Del | otor 1 Lee Andrew Peindl | | | | | |
| | otor 2 Samantha Ann Peindl ouse, if filing) | | | ccording to the calcul tatement: | ations requi | red by this |
| ` ' | ted States Bankruptcy Court for the: Western District of North Carolina | 3 | | 1. There is no presu | mption of al | buse. |
| | | | | 2. There is a presur | mption of ab | use. |
| 1 | se numbersnown) | | | | | |
| | | | □с | heck if this is an ar | nended filir | ng |
| <u>Of</u> | ficial Form 122A - 2 | | | | | |
| Cł | napter 7 Means Test Calculation | | | | | 04/1 |
| To f | ill out this form, you will need your completed copy of Chapter 7 St | tatement of Your C | Current Mor | nthly Income (Officia | | A-1). |
| | | | | ` ` | | • |
| | as complete and accurate as possible. If two married people are filince is needed, attach a separate sheet to this form, include the line r | | | | | |
| | itional pages, write your name and case number (if known). | idiliber to willcir a | additional ii | normation applies. | on the top a | ally |
| Pai | t 1: Determine Your Adjusted Income | | | | | |
| | The Bottomine Four Adjusted modifie | | | | | |
| 1. | Copy your total current monthly income. Copy lin | e 11 from Official | Form 122A | -1 here=> \$ | 1(| 0,311.88 |
| 2. | Did you fill out Column B in Part 1 of Form 122A-1? | | | | | |
| | ☐ No. Fill in \$0 for the total on line 3. | | | | | |
| | Yes. Is your spouse Filing with you? | | | | | |
| | □ No. Go to line 3. | | | | | |
| | Yes. Fill in \$0 for the total on line 3. | | | | | |
| | | | | | | |
| 3. | Adjust your current monthly income by subtracting any part of yo household expenses of you or your dependents. Follow these step | | me not used | d to pay for the | | |
| | | | | | | |
| | On line 11, Column B of Form 122A–1, was any amount of the income expenses of you or your dependents? | you reported for yo | our spouse I | NOT regularly used fo | or the housel | hold |
| | | | | | | |
| | No. Fill in 0 for the total on line 3. | | | | | |
| | ☐ Yes. Fill in the information below: | | | | | |
| | State each purpose for which the income was used | Fill in t | he amount | you | | |
| | For example, the income is used to pay your spouse's tax debt of | | btracting fro | | | |
| | support other than you or your dependents. | | pouse s me | Ome | | |
| | | \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| | | | 0.00 | | | |
| | Total. | \$ | 0.00 | | | |
| | | | | Copy total here=> | - \$ | 0.00 |
| | | | | | | |
| 1 | Adjust your current monthly income Subtract line 3 from line 1 | | | | \$ 10,3 | 311.88 |

Official Form 122A-2

Adjust your current monthly income. Subtract line 3 from line 1.

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| | Docun | nent Pa | age 49 of (| 05 | | | |
|--------------------|--|---|---|----------------------------|----------------------------|---------------|--------|
| ebtor 1 ebtor 2 | Lee Andrew Peindl Samantha Ann Peindl | | C | Case number (<i>if kr</i> | nown) | | _ |
| art 2: | Calculate Your Deductions from Your Income | | | | | | |
| to ans | ternal Revenue Service (IRS) issues National and Lower the questions in lines 6-15. To find the IRS stanctions for this form. This information may also be a | dards, go onli | ne using the I | ink specified | d in the sep | | ts |
| your a | t the expense amounts set out in lines 6-15 regardless octual expenses if they are higher than the standards. Doe in line 3 and do not deduct any operating expenses the | not deduct an | y amounts that | you subtract | ted fro your s | spouse's | of |
| If your | expenses differ from month to month, enter the average | expense. | | | | | |
| Whene | ever this part of the from refers to you, it means both you | and your spo | use if Column I | B of Form 122 | 2A-1 is filled | in. | |
| 5. T | he number of people used in determining your dedu | ıctions from iı | ncome | | | | |
| pl | ill in the number of people who could be claimed as exelus the number of any additional dependents whom you ne number of people in your household. | | | | | 3 | |
| Nation | nal Standards You must use the IRS National | Standards to a | nswer the que | stions in lines | s 6-7. | | |
| 7. O th | ood, clothing, and other items: Using the number of particles, fill in the dollar amount for food, clothing, and out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number popular who are 65 or older—because older people have a sigher than this IRS amount, you may deduct the additional transfer of possible transfer of popular transfe | other items. er of people you ber of people is a higher IRS all | u entered in line s split into two cowance for hea | e 5 and the IF | RS National eople who a | re under 65 a | and |
| People | e who are under 65 years of age | | | | | | |
| 7: | a. Out-of-pocket health care allowance per person | \$ | 52 | | | | |
| 7 | b. Number of people who are under 65 | X3 | | | | | |
| 7 | c. Subtotal. Multiply line 7a by line 7b. | \$156. | 00 | Copy here=> | \$1 | 56.00 | |
| People | e who are 65 years of age or older | | | | | | |
| 7 | d. Out-of-pocket health care allowance per person | \$ 1 | 14 | | | | |
| 7 | e. Number of people who are 65 or older | x 0 | | | | | |
| 71 | f. Subtotal. Multiply line 7d by line 7e. | \$0 | 00 0 | Copy here=> | +\$ | 0.00 | |
| 7 | g. T otal. Add line 7c and line 7f | | \$1 | 56.00 | Copy to | tal here=> \$ | 156.00 |

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Debtor 1 Lee Andrew Peindl
Debtor 2 Samantha Ann Peindl

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 576.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,218.00 listed for your county for mortgage or rent expenses..... 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment **Ditech Financial LLC** 1,477.10 \$ **Truliant Federal Credit Union** 500.00 \$ Repeat this Copy amount on 1,977.10 Total average monthly payment \$ -\$ 1,977.10 here=> line 33a 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 \$ \$ here=> or rent expense). If this amount is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why: 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the

operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

392.00

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Page 51 of 65 Document Lee Andrew Peindl Debtor 1 Samantha Ann Peindl Debtor 2 Case number (if known) Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 2015 BMW 335i 21000 miles Lease vehicle 13a. Ownership or leasing costs using IRS Local Standard..... 497.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that

Name of each creditor for Vehicle 1

BMW Financial Services

Average monthly payment

\$ 729.00

are contractually due to each secured creditor in the 60 months after you filed for

13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

bankruptcy. Then divide by 60.

\$ 0.00 Copy net Vehicle 1 expense here => \$ 0.00

Vehicle 2 Describe Vehicle 2:

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly payment

-NONE
\$

Total Average Monthly Payment

\$ 0.00 | Copy here | Nepeat this amount on line 33c.

 \$ 0.00 Copy net Vehicle 2 expense here => \$ 0.00

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 0.00

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Debtor 1 Debtor 2 Lee Andrew Peindl
Debtor 2 Samantha Ann Peindl Case number (if known)

| Oth | er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. | for | |
|-----|--|------|----------|
| 16. | Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. | | |
| | Do not include real estate, sales, or use taxes. | \$ | 2,803.31 |
| 17. | Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. | | |
| | Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | \$ | 14.90 |
| 19. | Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. | | |
| | Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or | | |
| | for your physically or mentally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | | |
| | Do not include payments for any elementary or secondary school education. | \$ | 1,108.00 |
| 22. | Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. | | |
| | Payments for health insurance or health savings accounts should be listed only in line 25. | \$ | 44.00 |
| 23. | Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. | | |
| | Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$_ | 75.00 |
| 24. | Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. | \$ | 6,553.21 |

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Debtor 1 Debtor 2 Lee Andrew Peindl Case number (if known)

Case number (if known)

| Add | itional Expense Deductions These are additional | deductions allowed by th | e Means Test. | | |
|-----|--|--|---|-----|----------|
| | Note: Do not include a | any expense allowances | listed in lines 6-24. | | |
| 25. | Health insurance, disability insurance, and health sinsurance, disability insurance, and health savings acceptor dependents. | | | r | |
| | Health insurance | \$ 238.50 | | | |
| | Disability insurance | \$ 4.60 | | | |
| | Health savings account | + \$578.00 | | | |
| | Total | \$821.10 | Copy total here=> | \$ | 821.10 |
| | Do you actually spend this total amount? | | ı | | |
| | □ No. How much do you actually spend? ✓ Yes | \$ | | | |
| | Continued contributions to the care of household continue to pay for the reasonable and necessary care your household or member of your immediate family winclude contributions to an account of a qualified ABLE Protection against family violence. The reasonably respectively. | or family members. The and support of an elderly ho is unable to pay for support of U.S.C.§ 52 necessary monthly exper | y, chronically ill, or disabled member of uch expenses. These expenses may 9A(b). ses that you incur to maintain the | \$ | 0.00 |
| | safety of you and your family under the Family Violence | e Prevention and Service | es Act or other federal laws that apply. | | |
| | By law, the court must keep the nature of these expens | ses confidential. | | \$ | 0.00 |
| 28. | Additional home energy costs. Your home energy coline 8. | osts are included in your | insurance and operating expenses on | | |
| | If you believe that you have home energy costs that are 8, then fill in the excess amount of home energy costs. | | nergy costs included in expenses on line | | |
| | You must give your case trustee documentation of you amount claimed is reasonable and necessary. | ır actual expenses, and y | ou must show that the additional | \$ | 0.00 |
| 29. | Education expenses for dependent children who at \$160.42* per child) that you pay for your dependent chipublic elementary or secondary school. | | | | |
| | You must give your case trustee documentation of you claimed is reasonable and necessary and not already a | | , , | | |
| | * Subject to adjustment on 4/01/19, and every 3 years | after that for cases begu | n on or after the date of adjustment. | \$ | 160.42 |
| 30. | Additional food and clothing expense. The monthly higher than the combined food and clothing allowances than 5% of the food and clothing allowances in the IRS | s in the IRS National Star | | | |
| | To find a chart showing the maximum additional allowal instructions for this form. This chart may also be availa | | · | | |
| | You must show that the additional amount claimed is re | easonable and necessar | y. | \$ | 46.00 |
| 31. | Continuing charitable contributions. The amount that instruments to a religious or charitable organization. 26 | | ntribute in the form of cash or financial | +\$ | 0.00 |
| 32. | Add all of the additional expense deductions. Add lines 25 through 31. | | | \$ | 1,027.52 |

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Debtor 1
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Debtor 2
Debtor 3
Debtor 4
Debtor 5
Debtor 6
Debtor 7
Debtor 7
Debtor 7
Debtor 9
Debtor 1
Debtor 9
Debtor 1
Debtor 2
Debtor 1
Debtor 2
Debtor 1
Debtor 2
Debtor 3
Debtor 1
Debtor 2
Debtor 3
Debtor 3
Debtor 4
Debtor 4
Debtor 4
Debtor 5
Debtor 7
Deb

| Dedu | ctions for Debt Payment | | | | | | | |
|----------------|---|---|-------|------|----------------------------------|---------------|----------------------|---------------------|
| | or debts that are secured by an intere ans, and other secured debt, fill in lin | st in property that you own, including home es 33a through 33e. | mor | tgag | jes, vehicle | | | |
| T ₀ | o calculate the total average monthly pareditor in the 60 months after you file for | yment, add all amounts that are contractually dubankruptcy. Then divide by 60. | ie to | each | n secured | | | |
| | Mortgages on your home: | | | | | | | verage monthly |
| 33a. | Copy line 9b here | | | | | => | \$ | 1,977.10 |
| | Loans on your first two vehicles: | | | | | | | |
| 33b. | Copy line 13b here | | | | | => | \$ | 729.00 |
| 33c. | | | | | | | \$ | 0.00 |
| 33d. | List other secured debts: | | | | | | | |
| Name | of each creditor for other secured debt | Identify property that secures the debt | | | Does paym include tax insurance? | es or | | |
| | | | | | □ No | | | |
| | -NONE- | | | | ☐ Yes | | \$ | |
| | | | | | □ No | | | |
| | | | | | | | • | |
| | | _ | | | ⊔ Yes | | \$ | |
| | | | | | □ No | | | |
| | | | | | ☐ Yes | | +\$ | |
| | | | | | | | | |
| | | | | | | to | opy otal | |
| 33e. | Total average monthly payment. Add lin | nes 33a through 33d | \$_ | | 2,706.10 | \ | ere=> | \$ 2,706.10 |
| | | secured by your primary residence, a vehicle upport or the support of your dependents? | е, | | | | | |
| | No. Go to line 35. | | | | | | | |
| | | t pay to a creditor, in addition to the payments sion of your property (called the <i>cure amount</i>). information below. | | | | | | |
| Nam | e of the creditor | Identify property that secures the debt | | | otal cure mount | | | Monthly cure amount |
| ВМ | W Financial Services | 2015 BMW 335i 21000 miles Lease vehicle | | \$ | 553.53 | • 60 | O = \$ | 9.23 |
| Dite | ech Financial LLC | 8254 Legare Court Charlotte, NC 2821 Mecklenburg County Residence | | \$ | 2,500.00 |) _ ÷ 60 | O = \$ | 41.67 |
| Tru | liant Federal Credit Union | 8254 Legare Court Charlotte, NC 2821 Mecklenburg County Residence | | \$ | 983.14 | ! ÷ 60 | O = \$ | 16.39 |
| | | Total | \$_ | | 67.29 | 1 1 | opy otal ere=> | \$ 67.29 |

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| Debtor 1 Debtor 2 | | Andrew Peindl antha Ann Peindl | Case number | er (<i>if known</i>) | | | |
|----------------------|------|---|-------------|------------------------|-----------|---|--------|
| | - | owe any priority claims such as a priority tax, child support, or alimonydue as of the filing date of your bankruptcy case? 11 U.S.C. § 507. | that | | | | |
| | No. | Go to line 36. | | | | | |
| | Yes. | Fill in the total amount of all of these priority claims. Do not include current of ongoing priority claims, such as those you listed in line 19. | r | | | | |
| | | Total amount of all past-due priority claims | \$ | 10,430.55 | ÷ 60 = \$ | ; | 173.85 |

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| Deblor i | Lee Andrew Peindl Samantha Ann Peindl | | Case no | umber (<i>if known</i>) | |
|-----------------|--|-----------------------|-----------------|---------------------------|---------------------------------|
| For r | you eligible to file a case under Chapter 13? 11 U.S.C. § more information, go online using the link for <i>Bankruptcy Ba</i> uctions for this form. <i>Bankruptcy Basics</i> may also be availab | sics specified | | | |
| | No. Go to line 37. | | | | |
| □ Y | Yes. Fill in the following information. | | | | |
| | Projected monthly plan payment if you were filing under | er Chapter 13 | \$ | | _ |
| | Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for cand North Carolina) or by the Executive Office for Unit (for all other districts). | listricts in Alal | | | ¬ |
| | To find a list of district multipliers that includes your distinct the link specified in the separate instructions for this for be available at the bankruptcy clerk's office. | | | | Copy total |
| | Average monthly administrative expense if you were fi | ling under Ch | apter 13 | \$ | here=> \$ |
| | d all of the deductions for debt payment. d lines 33e through 36. | | | | \$\$ |
| Total De | eductions from Income | | | | |
| 38. Add | all of the allowed deductions. | | | | |
| | py line 24, All of the expenses allowed under IRS pense allowances | \$ | 6,553.21 | | |
| Cop | py line 32, All of the additional expense deductions | \$ | 1,027.52 | | |
| Cop | py line 37, All of the deductions for debt payment | +\$ | 2,947.24 | ٦ | |
| | Total deductions | \$ | 10,527.97 | Copy total here | \$ |
| Part 3: | Determine Whether There is a Presumption of Abuse | | | _ | |
| 39. Calc | culate monthly disposable income for 60 months | | | | |
| 39a | a. Copy line 4, adjusted current monthly income | \$ | 10,311.88 | | |
| 39b | o. Copy line 38, Total deductions | -\$ | 10,527.97 | | |
| 390 | c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a | \$ | -216.09 | Copy here=>\$ | -216.09 |
| For | the next 60 months (5 years) | | | x | 60 |
| 3 9d | d. Total. Multiply line 39c by 60 | 39d. | \$12 | 2,965.40 Cor | oy e=> \$ |
| 40. Find | out whether there is a presumption of abuse. Check the | box that app | ies: | | |
| ■ 1 | The line 39d is less than \$7,700*. On the top of page 1 of the | his form, chec | k box 1, There | is no presumption | on of abuse. Go to Part 5. |
| | The line 39d is more than \$12,850*. On the top of page 1 opent 4 if you claim special circumstances. Go to Part 5. | f this form, ch | eck box 2, The | ere is a presumpt | tion of abuse. You may fill out |
| □ 1 | The line 39d is at least \$7,700*, but not more than \$12,85 | 0*. Go to line | 41. | | |
| *Sub | pject to adjustment on 4/01/19, and every 3 years after that for | or cases filed | on or after the | date of adjustme | ent. |

Debtor 1

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| ebtor 1 ebtor 2 | | Andrew Peindl antha Ann Peindl | Cas | e number (<i>if known</i>) | | |
|--------------------|------------------------|--|-----------------|---|----------------|--------------|
| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. A Summary of Your Assets and Liabilities and Certain Statistica Schedules (Official Form 106Sum), you may refer to line 3b on t | Information | \$ x .25 | | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 70 | | \$ | Copy here=> | \$ |
| 25 | % of y | Multiply line 41a by 0.25 ne whether the income you have left over after subtracting all our unsecured, nonpriority debt. e box that applies: | | ctions is enough to pay | , | |
| | | 39d is less than line 41b. On the top of page 1 of this form, checo Part 5. | ck box 1, There | is no presumption of abu | ise. | |
| | | 39d is equal to or more than line 41b. On the top of page 1 of t <i>umption of abuse.</i> You may fill out Part 4 if you claim special circu | | | | |
| Part 4: | Giv | re Details About Special Circumstances | | | | |
| _ | es. Fill iter Yo | to Part 5. I in the following information. All figures should reflect your average. In the following information. All figures should reflect your average. In the following information. All figures should reflect your average. It was a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee definitions. | nat make the ex | penses or income adjust | ments | ach |
| | G | ive a detailed explanation of the special circumstances | | erage monthly expense income adjustment | • | |
| | _ | | | S | | |
| | _ | | | S | | |
| | _ | | | S | | |
| | _ | | | S | | |
| art 5: | Sia | n Below | | | | |
| | _ | gning here, I declare under penalty of perjury that the information | on this stateme | nt and in any attachment | s is true | and correct. |
| | X /s/ | Lee Andrew Peindl X | /s/ Samanth | a Ann Peindl | | |
| | Le | e Andrew Peindl | Samantha A | nn Peindl | | |
| | Sic | gnature of Debtor 1 | Signature of D | ebtor 2 | | |
| _ | _ | ay 29, 2018 Date | May 29, 201 | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-30820 Doc 1 Filed 05/29/18 Entered 05/29/18 16:23:13 Desc Main Document Page 62 of 65

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of North Carolina

| | | Case No. | | Lee Andrew Peindl Samantha Ann Peindl | In re |
|-------------------|---|--|--|---|--------------|
| | 7 | Chapter | Debtor(s) | Canadiana Anni i Cina | _ |
| | EDEOD (C) | | | DISCLOSURE OF COMPE | |
| | EBTOR(S) | RNEY FOR DE | NSATION OF ATTO | DISCLOSURE OF COMPE | |
| | to me, for services ren | or agreed to be paid t | g of the petition in bankruptcy | rsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 mpensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation | com |
| | 2,000.00 | \$ | | For legal services, I have agreed to accept | |
| | 1,000.00 | \$ | | Prior to the filing of this statement I have received | |
| | 1,000.00 | | | Balance Due | |
| | | | | e source of the compensation paid to me was: | . The |
| | | | | ■ Debtor □ Other (specify): | |
| | | | | e source of compensation to be paid to me is: | . The |
| | | | | ■ Debtor □ Other (specify): | |
| es of my law firm | bers and associates of | unless they are memb | ensation with any other person | I have not agreed to share the above-disclosed comp | |
| ny law firm. A | | | | I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | |
| | case, including: | ts of the bankruptcy ca | nder legal service for all aspec | return for the above-disclosed fee, I have agreed to re | . In r |
| nd filing of | urings thereof; | n may be required; and any adjourned hear emption planning; | ement of affairs and plan which its and confirmation hearing, a educe to market value; ex ns as needed; preparation | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credite [Other provisions as needed] Negotiations with secured creditors to be reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on home | b. 1 c. 1 |
| stay actions or | es, relief from stay | | | agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any disany other adversary proceeding. | . Ву |
| | | | CERTIFICATION | | |
| he debtor(s) in | epresentation of the de | payment to me for re | agreement or arrangement fo | ertify that the foregoing is a complete statement of an kruptcy proceeding. | |
| | | tchell | /s/ Richard M. Mi | y 29, 2018 | May |
| | | | Richard M. Mitch | | Date |
| | | | | | |
| | | CII | 4600 Park Road | | |
| | | | Suite 420 | | |
| | | 209 | Charlotte, NC 28 | | |
| | | challlaw com | | | |
| | | CHEIIIAW.COIII | | | |
| r | ached. case, including: file a petition in b urings thereof; preparation ar ions pursuant t es, relief from s | e compensation is attacks of the bankruptcy callermining whether to find may be required; and any adjourned heart emption planning; and filling of motions are cial lien avoidance repayment to me for restable ellery eller | ring advice to the debtor in determent of affairs and plan which is and confirmation hearing, a seduce to market value; exins as needed; preparation usehold goods. It does not include the following chargeability actions, judicinary agreement or arrangement for agreement or arrangement for agreement or arrangement for agreement of Attorna Richard M. Mitch Signature of Attorna Richard M. Mitch 4600 Park Road Suite 420 | copy of the agreement, together with a list of the nare turn for the above-disclosed fee, I have agreed to reach Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credite [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on how agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disany other adversary proceeding. ertify that the foregoing is a complete statement of an kruptcy proceeding. | a By a |

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United States Bankruptcy Court Western District of North Carolina

| In re | Lee Andrew Peindl Samantha Ann Peindl | | Case No. | | |
|---------|--|-------------------------|----------|---|--|
| | | Debtor(s) | Chapter | 7 | |
| The abo | VERIFICATION OF CREDITOR MATRIX The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. | | | | |
| Date: | May 29, 2018 | /s/ Lee Andrew Peindl | | | |
| | | Lee Andrew Peindl | | | |
| | | Signature of Debtor | | | |
| Date: | May 29, 2018 | /s/ Samantha Ann Peindl | | | |
| | | Samantha Ann Peindl | | | |

Signature of Debtor

Internal Revenue Service PO Box 21126 Philadelphia, PA 19114-0326

City County Tax Collector Collection Division PO Box 31637 Charlotte, NC 28281

NC Department of Revenue Bankruptcy Unit PO Box 1168 Raleigh, NC 27602-1168

Alltran Financial PO Box 722929 Houston, TX 77272-2929

American Express PO Box 650448 Dallas, TX 75265-0448

BB&T 200 Second Street NW Winston Salem, NC 27101

BMW Financial Services PO Box 3608 Dublin, OH 43016

Branch Bank & Trust - Overdraft 200 Second Street NW Winston Salem, NC 27101

Capital One Bank P.O Box 71083 Charlotte, NC 28272

Chase Bank National Bank By Mail PO Box 36520 Louisville, KY 40233-7762 Chase Slate Cardmember Services PO Box 1423 Charlotte, NC 28201

Ditech Financial LLC P.O. Box 6172 Rapid City, SD 57709

Earl & Bonnie Moore 5753 Hwy 85 N. Crestview, FL 32536

Gatestone & Co. International, Inc. 1000 N. West Street, Suite 1200 Wilmington, DE 19801

Novant Health Medical Group PO Box 602584 Charlotte, NC 28260

SRA Associates, LLC 401 Minnetonka Road Somerdale, NJ 08083

The Gates at Quail Hollow c/o William Douglas Property Management 4523 Park Road, Suite 201-A Charlotte, NC 28209

Thomas & Sylvia Hefferon 1100 Bellemeade Lane Charlotte, NC 28277

Truliant Federal Credit Union P.O. Box 26050 Winston Salem, NC 27114

Western Alliance PO Box 927830 San Diego, CA 92192